

*RETURN TO FMF - LOCATION 7540

Re Edit

QUERY CONTROL FORM		RTIS USE ONLY	
Application No. <u>04/218763</u>	Prepared by <u>RWP</u>	Tracking Number _____ Week Date _____	
Examiner-GAU <u>David M Gray - 2851</u>	Date <u>5-18-04</u>		
No. of queries <u>① CA</u>			

JACKET			
a. Serial No.	f. Foreign Priority	<input checked="" type="checkbox"/> k. Print Claim(s)	p. PTO-1449
b. Applicant(s)	g. Disclaimer	l. Print Fig.	q. PTOL-85b
c. Continuing Data	h. Microfiche Appendix	m. Searched Column	r. Abstract
d. PCT	i. Title	n. PTO-270/328	s. Sheets/Figs
e. Domestic Priority	j. Claims Allowed	o. PTO-892	t. Other

SPECIFICATION	MESSAGE
a. Page Missing	<p><u>Print Claim - Cited print claim 10</u> <u>is a dependent claim. Please provide an independent</u> <u>claim or additional claim that claim 10 is dependent</u> <u>upon for Print Claim.</u></p> <p style="text-align: right;"><u>Thanks</u></p>
b. Text Continuity	
c. Holes through Data	
d. Other Missing Text	
e. Illegible Text	
f. Duplicate Text	
g. Brief Description	
h. Sequence Listing	
i. Appendix	
j. Amendments	
k. Other	
CLAIMS	
a. Claim(s) Missing	
b. Improper Dependency	
c. Duplicate Numbers	
d. Incorrect Numbering	
e. Index Disagrees	
f. Punctuation	
g. Amendments	
h. Bracketing	
i. Missing Text	
j. Duplicate Text	
k. Other	


initials RWP

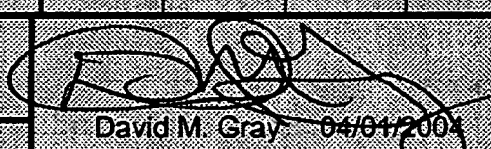

RESPONSE Changed print claim to "1"
" " figure to "10"

Fig 2 can't be a print fig since it's prior art.

#3 were transposed on IIFW

initials df

Issu Classification 	Application N .	Applicant(s)	
	09/218,763	ALEXEFF, IGOR	
	Examiner	Art Unit	
	David M Gray	2851	

ISSUE CLASSIFICATION									
ORIGINAL				CROSS REFERENCE(S)					
CLASS	SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
396	427			348	164				
INTERNATIONAL CLASSIFICATION									
G	0	3	B	17/02					
				/					
				/					
				/					
				/					
(Assistant Examiner) (Date)				 David M. Gray 04/04/2004 (Primary Examiner) (Date)				Total Claims Allowed: 36	
 (Legal Instruments Examiner) (Date)								O.G. Print Claim(s)	O.G. Print Flg
								1	10

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant																<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47		
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original
	1			31			61			121			151			181						
	2			32			62			122			152			182						
	3			33			63			123			153			183						
	4			34			64			124			154			184						
	5			35			65			125			155			185						
	6			36			66			126			156			186						
	7			37			67			127			157			187						
	8			38			68			128			158			188						
	9			39			69			129			159			189						
	10			40			70			130			160			190						
	11			41			71			131			161			191						
	12			42			72			132			162			192						
	13			43			73			133			163			193						
	14			44			74			134			164			194						
	15			45			75			135			165			195						
	16			46			76			136			166			196						
	17			47			77			137			167			197						
	18			48			78			138			168			198						
	19			49			79			139			169			199						
	20			50			80			140			170			200						
	21			51			81			141			171			201						
	22			52			82			142			172			202						
	23			53			83			143			173			203						
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	25			55			85			145			175			205						
	26			56			86			146			176			206						
	27			57			87			147			177			207						
	28			58			88			148			178			208						
	29			59			89			149			179			209						
	30			60			90			150			180			210						

5/24/04